

# Respiratory illness in residential care facility

Resident transfer advice form

**OFFICIAL**

## Resident transfer advice form

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please be advised that** \_\_\_\_\_ **is being transferred**  
from a facility where there is a:

- Acute respiratory** outbreak
- Confirmed influenza** outbreak
- COVID-19** outbreak

**Please ensure that appropriate infection control precautions** are taken upon receipt of this **resident**.

At the time of transfer, this resident:

- Does not have an acute respiratory illness
- Is a suspected case of influenza
- Is a confirmed influenza case
- Is a suspected case of COVID-19
- Is a confirmed case of COVID-19
- Is a COVID-19 close contact
- Is a COVID-19 social contact

Further details (end quarantine date, negative RAT date, etc)

---

This resident was vaccinated with the current influenza vaccine on \_\_ / \_\_ / \_\_\_\_.

This resident has NOT been vaccinated with the current influenza vaccine due to:

- Allergy
- Immunosuppression/medication
- No consent
- Other

This resident is up-to-date with their COVID-19 vaccinations:

- Yes
- No
- Number of doses: \_\_\_\_\_

Their most recent COVID-19 vaccine was on \_\_/\_\_/\_\_\_\_ (write N/A if resident has received no COVID-19 vaccinations)

This Resident is taking the antiviral medication \_\_\_\_\_

**Start date** \_\_/\_\_/\_\_\_\_ **Dose of medication** \_\_\_\_\_

---

**Resident details:**

\_\_\_\_\_  
Given name                      Surname                      \_\_/\_\_/\_\_\_\_  
Date of birth

**Date:**

**Name of contact person:**

**Name of facility:**

**Phone number:**

---